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ISSUE SLIP (FAP) (For additional references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	10385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

68971 48

1/13/99

1/20/99

3/10/99

INDEX OF CLAIMS

✓ ..... Rejected

= ..... Allowed

..... (Through numeral) Canceled

..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

BEST AVAILABLE COPY

Claim		Date	
Final	Original		
1	1	4/24/98	
2	2	8/14/98	
3	3	3/10/99	
4	4	6/16/98	
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Claim		Date	
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